

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100



Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y  
09 01 2016

through

M M / D D / Y Y Y Y Y Y  
09 30 2016M M / D D / Y Y Y Y Y Y  
09 30 2016M M / D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Taylor, Hugh, M, , MD

Type or Print Name of Treasurer

Signature of Treasurer

Taylor, Hugh, M, , MD

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 19 2016M M / D D / Y Y Y Y Y Y  
10 19 2016M M / D D / Y Y Y Y Y Y  
10 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">417217.01</td></tr></table>	417217.01				
Y	Y	Y	Y	Y													
2016																	
417217.01																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">353030.95</td></tr></table>	353030.95															
353030.95																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">45707.95</td></tr></table>	45707.95					<table><tr><td colspan="5">345475.10</td></tr></table>	345475.10									
45707.95																	
345475.10																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">398738.90</td></tr></table>	398738.90					<table><tr><td colspan="5">762692.11</td></tr></table>	762692.11									
398738.90																	
762692.11																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">80914.47</td></tr></table>	80914.47					<table><tr><td colspan="5">444867.68</td></tr></table>	444867.68									
80914.47																	
444867.68																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">317824.43</td></tr></table>	317824.43					<table><tr><td colspan="5">317824.43</td></tr></table>	317824.43									
317824.43																	
317824.43																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39164.96

245508.48

(ii) Unitemized .....

6077.93

93753.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

45242.89

339261.56

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

45242.89

339261.56

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

465.06

6213.54

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

45707.95

345475.10

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

45707.95

345475.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	414.47	6821.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	414.47	6821.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80500.00	435500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2546.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2546.25
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80914.47	444867.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80914.47	444867.68

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45242.89	339261.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2546.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45242.89	336715.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	414.47	6821.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	465.06	6213.54
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-50.59	607.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Abreu, Rafael, , MD**

Mailing Address 777 E 25th St  
Ste 312

City  
Hialeah

State  
FL

Zip Code  
33013-3849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : C3385745**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Albers, Janet, R, , MD, FAAFP**

Mailing Address 612 Woodbridge Rd

City

Springfield

State

IL

Zip Code

62711-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : C3384567**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anderson, Julie, Kay, , MD, FAAFP**

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395714**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 67  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baker, Tyler, J., MD**Mailing Address 104 W 5th Ave  
Ste 200WCity  
SpokaneState  
WAZip Code  
99204-4803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

**Transaction ID : C3386987**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barkley, Andrea, M., DO**

Mailing Address 1234 Lexington Ave

City  
CharlotteState  
NCZip Code  
28203-4835FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

**Transaction ID : C3397144**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bartos, Justin, V., MD, FAFAP**Mailing Address 4300 City Point Dr  
Ste 201City  
North Richland HillsState  
TXZip Code  
76180-8338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : C3398305**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beecher, Mary, W, , MD, FFAFP**

Mailing Address 914 N Division Ave

City  
Madison

State  
SD

Zip Code  
57042-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MRHS

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395801**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bernardo, Salvatore, Bernardo Md, , MD, FFAFP**

Mailing Address 131 Pin Oak Rd

City  
Freehold

State  
NJ

Zip Code  
07728-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395717**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berry, Shaun, P, , MD**

Mailing Address 571 Kaimalino St

City  
Kailua

State  
HI

Zip Code  
96734-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395692**

Amount of Each Receipt this Period

315.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1880.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blackwelder, Reid, B, , MD, FAAFP**

Mailing Address 4407 Leedy Rd

City  
KingsportState  
TNZip Code  
37664-2117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ETSU

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : C3387412

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blair, Mott, Parks, , MD, FAAFP**

Mailing Address 411 E Westbrook St

City  
WallaceState  
NCZip Code  
28466-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : C3389766

Amount of Each Receipt this Period

112.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Booker, Karla, L, , MD, FAAFP**

Mailing Address 3945 Cranbrook Ct NW

City  
LilburnState  
GAZip Code  
30047-2696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gwinette Hospital System

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2016

Transaction ID : C3383262

Amount of Each Receipt this Period

47.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

259.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Botsford, Lindsay, Kathryn, , MD, MBA, F**

Mailing Address 14023 Southwest Fwy

City  
Sugar Land

State  
TX

Zip Code  
77478-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Memorial Hermann Hospital System

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : C3383541**

Amount of Each Receipt this Period

31.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campagnolo, Mary, F, , MD, MBA, F**

Mailing Address 3242 Route 206  
Bldg A Ste A2

City  
Bordentown

State  
NJ

Zip Code  
08505-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Virtua Medical Group

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

**Transaction ID : C3383091**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Chiarito, Susan, Archer, , MD, FAAFP**

Mailing Address 1724 Eisenhower Dr

City  
Vicksburg

State  
MS

Zip Code  
39180-3753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mission Primary Care Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2016

**Transaction ID : C3383263**

Amount of Each Receipt this Period

47.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

244.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Connolly, Patrick, J., MD**

Mailing Address PO Box 9746

City  
Portland

State  
ME

Zip Code  
04104-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3397366**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cook, Jonathan, Mitchell, , DO, FAFAP**

Mailing Address 632 Chesterfield Rd

City  
Bogart

State  
GA

Zip Code  
30622-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.30

Date of Receipt

09 / 19 / 2016

**Transaction ID : C3389767**

Amount of Each Receipt this Period

40.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Corson, Richard, L., MD, FAFAP**

Mailing Address 5 Arlene Ct

City  
Hillsborough

State  
NJ

Zip Code  
08844-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Robert Wood Johnson

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395720**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

905.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Corum, Lisa, Leigh, , MD, FAAFP**

Mailing Address 11501 Redwood Way

City  
Louisville

State  
KY

Zip Code  
40223-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Floyd Memorial Hospital

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

**Transaction ID : C3386983**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crawford, Steven, A, , MD, FAAFP**

Mailing Address 900 Ne 10Th St

City  
Oklahoma City

State  
OK

Zip Code  
73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Oklahoma

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : C3389768**

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Daniels, Elvan, Catherine, , MD, MPH**

Mailing Address 4820 Regency Trce SW

City  
Atlanta

State  
GA

Zip Code  
30331-6844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Cancer Society

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : C3389769**

Amount of Each Receipt this Period

55.55

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

837.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Darby, Dewayne, P, , MD, FAAFP**

Mailing Address 1321 Laurel Hills Cir

City  
Jefferson City

State  
TN

Zip Code  
37760-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : C3384888**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. David, Jose, M, , MD, FAAFP**

Mailing Address 804 Huntington Ct

City  
Albany

State  
NY

Zip Code  
12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3396533**

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dimitri, Dennis, M, , MD, FAAFP**

Mailing Address 328 Shrewsbury St Ste 210

City  
Worcester

State  
MA

Zip Code  
01604-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397501**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duncan, Heidi, Miller, , MD, FAAFP**

Mailing Address 2711 Gregory Dr N

City  
Billings

State  
MT

Zip Code  
59102-0507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397555**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunn, Scott, R, , MD**

Mailing Address 1507 Northshore Dr

City  
Sandpoint

State  
ID

Zip Code  
83864-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Family Health Center

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395722**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ebarb, Raymond, Louis, , MD, FAAFP**

Mailing Address 213 Main St

City  
West Sayville

State  
NY

Zip Code  
11796-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3397143**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Elliott, Tricia, C, , MD, FAAFP**

Mailing Address 4626 Hermosa Arroyo Dr

City

League City

State

TX

Zip Code

77573-1495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397713

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fiesinger, Troy, Treanor, , MD, FAAFP**

Mailing Address 14825 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2016

Transaction ID : C3388325

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Filer, Wanda, D, , MD, MBA, F**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Strategic Health Institute

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

09 / 15 / 2016

Transaction ID : C3399309

Amount of Each Receipt this Period

350.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

815.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flynn, Mark, J., MD, FFAFP

Mailing Address PSC 466 Box 315

City

Fpo

State

AP

Zip Code

96595-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

U.S. Navy

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3397142

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fox, Bradley, P., MD, FFAFP

Mailing Address 5770 Ruhl Rd

City

Fairview

State

PA

Zip Code

16415-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3395698

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Franklin, Rachel, M., MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Oklahoma Health Sciences

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

Transaction ID : C3383264

Amount of Each Receipt this Period

45.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1410.63

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gravel, Joseph, W, , MD, FAAFP

Mailing Address 34 Haverhill St Fl 3

City  
LawrenceState  
MAZip Code  
01841-2884FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greater Lawrence FHCOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : C3393448

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gruenbacher, Douglas, J, , MD

Mailing Address PO BOX 510

City  
QuinterState  
KSZip Code  
67752-0510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bluestem Medical, LLPOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : C3391165

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Guffey, Megan, Kathleen, , MD

Mailing Address 100 McLallen Ln

City  
MansonState  
WAZip Code  
98831-9428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3395727

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Bob, , ,**

Mailing Address 2500 N Randolph St

City  
Arlington

State  
VA

Zip Code  
22207-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Academy of Family Physicians

Occupation (for Individual)  
Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3397231**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harley, Douglas, W, , DO, FACOFP**

Mailing Address 1 Akron General Ave

City  
Akron

State  
OH

Zip Code  
44307-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Akron General Medical Center

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 28 / 2016

**Transaction ID : C3394333**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harrison, Boyde, Jerome, , MD, FAAFP**

Mailing Address 904 26Th St

City  
Haleyville

State  
AL

Zip Code  
35565-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395690**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

660.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heim, Lori, J, , MD, FAAFP**

Mailing Address 250 Hollybrook Farm Ln

City  
Vass

State  
NC

Zip Code  
28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395780**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Heinemann, Daniel, J, , MD, FAAFP**

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford Health

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2131.00

Date of Receipt

09 / 07 / 2016

**Transaction ID : C3383542**

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Heinemann, Daniel, J, , MD, FAAFP**

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford Health

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2131.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395802**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

559.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hinkle, Benjamin, Tate, , MD**

Mailing Address 316 Rhett Ave SW

City  
Huntsville

State  
AL

Zip Code  
35801-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UAB School of Medicine

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3397141**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hooks, Beulette, Y, , MD, FAAFP**

Mailing Address 7286 E Wynfield Loop

City  
Midland

State  
GA

Zip Code  
31820-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOD

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395776**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Michael, D, , MD**

Mailing Address 311 E Spruce St

City  
Garden City

State  
KS

Zip Code  
67846-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

**Transaction ID : C3385523**

Amount of Each Receipt this Period

30.42

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Robert, John, , MD, MMM**

Mailing Address 8338 Allen Rd  
Ste 101

City  
Allen Park

State  
MI

Zip Code  
48101-1399

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397516**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jacobs, Tracy, Christine, , MD**

Mailing Address 115 Malaga Ave

City  
Birmingham

State  
AL

Zip Code  
35209-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395696**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jeu, Joseph, M, , MD, FAAFP**

Mailing Address 3958 Leap Rd Ste 101

City  
Hilliard

State  
OH

Zip Code  
43026-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilliard Family Medicine, Inc.

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : C3392259**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kakutani, Carla, Lee, , MD, FAAFP**

Mailing Address 438 Abbey St

City  
Winters

State  
CA

Zip Code  
95694-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutter Medical Group

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395699**

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kearns, Kathleen, Shannon, , MD**

Mailing Address 825 Cole Ave

City  
Turlock

State  
CA

Zip Code  
95382-0846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.30

Date of Receipt

09 / 19 / 2016

**Transaction ID : C3389770**

Amount of Each Receipt this Period

40.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kintanar, Thomas, A, , MD, FAAFP**

Mailing Address 10300 Schlatter Rd

City  
Leo

State  
IN

Zip Code  
46765-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LMG

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

735.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3397364**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1205.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knight, Clif, , , MD, FAAFP**

Mailing Address 11400 Tomahawk Creek Pkwy

City  
Leawood

State  
KS

Zip Code  
66211-2680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Academy of Family Physicians

Occupation (for Individual)

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 02 / 2016

**Transaction ID : C3382828**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kreckel, Dieter, , , MD, FAAFP**

Mailing Address 430 Franklin St

Swift River Family Medicine

City

Rumford

State  
ME

Zip Code  
04276-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Swift River Family Medicine

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3397368**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Langston, Edward, L, , MD, FAAFP**

Mailing Address 4818 W Harrisburg Ct

City

New Palestine

State  
IN

Zip Code  
46163-8546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Health Network of Indiana, LL

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3397360**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LeClair, Bruce, M., MD, MPH, F**

Mailing Address 5088 Windmill Lake Dr

City  
Evans

State  
GA

Zip Code  
30809-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395643**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Jay, Won, MD, MPH, F**

Mailing Address MemorialCare Medical Group  
450 E Spring St Ste 1

City  
Long Beach

State  
CA

Zip Code  
90806-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Memorial Care Medical Group

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395706**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lemley, James, Louis, MD, FAAFP**

Mailing Address PO Box 900  
7065951461

City  
Thomson

State  
GA

Zip Code  
30824-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CPC-McDUFFIE

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 13 / 2016

**Transaction ID : C3385724**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lin, Alvin, B, , MD, FFAFP

Mailing Address 2410 Fire Mesa St Ste 180  
 Suite 180

City  
 Las Vegas

State  
 NV

Zip Code  
 89128-9017

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Self

Occupation (for Individual)  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : C3397657

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lovins, Teresa, Grossman, , MD, FFAFP

Mailing Address 4365 N Riverside Dr

City  
 Columbus

State  
 IN

Zip Code  
 47203-1124

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Self Employed

Occupation (for Individual)  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

Transaction ID : C3397361

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luther, Jeffrey, S, , MD, FFAFP

Mailing Address 450 E Spring St  
 Ste 1

City  
 Long Beach

State  
 CA

Zip Code  
 90806-1625

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Memorial Care Medical Group

Occupation (for Individual)  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

Transaction ID : C3395702

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lutzkanin III, Andrew, , MD**

Mailing Address 103 Kestrel Ct

City

Hummelstown

State

PA

Zip Code

17036-8840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Reading Hosp Reading Hlth Sys

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

09 / 19 / 2016

Transaction ID : C3389771

Amount of Each Receipt this Period

40.56

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marker, Jason, E, , MD, FAAFP**

Mailing Address 63606 Dogwood Rd

City

Mishawaka

State

IN

Zip Code

46544-9757

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

Transaction ID : C3397363

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Markovich, Renee, L, , MD, FAAFP**

Mailing Address Akron General Center for Family Me

1 Akron General Ave

City

Akron

State

OH

Zip Code

44307-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Akron General Medical Center

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397661

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Kevin, B., MD, FAAFP**

Mailing Address 707 E Hobert Ave

City  
Ellensburg

State  
WA

Zip Code  
98926-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kittitas Valley Healthcare

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 07 / 2016

**Transaction ID : C3383543**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meigs, John, S., MD, FAAFP**

Mailing Address PO Box 289

City  
Brent

State  
AL

Zip Code  
35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

09 / 09 / 2016

**Transaction ID : C3384875**

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Meigs, John, S., MD, FAAFP**

Mailing Address PO Box 289

City  
Brent

State  
AL

Zip Code  
35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

09 / 14 / 2016

**Transaction ID : C3386984**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Metwally, Ashraf, Ahmed, , MD**

Mailing Address 415 Little Clove Rd

City  
Staten Island

State  
NY

Zip Code  
10301-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : C3394426**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meyers, Brad, , , MD, FAAFP**

Mailing Address PO BOX 414

City  
Jefferson

State  
WI

Zip Code  
53549-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dean Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

177.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397478**

Amount of Each Receipt this Period

31.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mills, Terry, Lee, , MD, CPE, F**

Mailing Address 1924 S Utica Ave Ste 409

City  
Tulsa

State  
OK

Zip Code  
74137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Via Christi Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397667**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

631.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miser, W., Fred, , MD, MA, FA**

Mailing Address 5379 Stockton Ct

City  
Powell

State  
OH

Zip Code  
43065-8602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Ohio State University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 11 / 2016

Transaction ID : C3385563

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montgomery, Anne, M, , MD, MBA, F**

Mailing Address 39000 Bob Hope Dr

City

Rancho Mirage

State

CA

Zip Code

92270-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eisenhower Medical Associates

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 06 / 2016

Transaction ID : C3383265

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Montgomery, Anne, M, , MD, MBA, F**

Mailing Address 39000 Bob Hope Dr

City

Rancho Mirage

State

CA

Zip Code

92270-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eisenhower Medical Associates

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 29 / 2016

Transaction ID : C3395757

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 30 OF 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moquist, Dale, C, , MD, FAAFP**

Mailing Address 700 Skyline

City

Horseshoe Bay

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

824.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : C3399310**

Amount of Each Receipt this Period

91.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Muhammad, Shani, Ife, , MD**

Mailing Address 6058 Lakeview Cir

City

San Ramon

State

CA

Zip Code

94582-4867

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TPMG

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395704**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mumford, James, Mumford Md, , MD, FAAFP**

Mailing Address 16 E 16th St

City

New York

State

NY

Zip Code

10003-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3397359**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

501.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Muzquiz, LeeAnna, Irvine, , MD**

Mailing Address 5 4th Ave E

City  
Polson

State  
MT

Zip Code  
59860-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397556**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nguyen, Mary, Suzanne, , MD, FAAFP**

Mailing Address PO BOX 960

409 Madrid Street

City

Castroville

State  
TX

Zip Code  
78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medina Valley Family Practice

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : C3383092**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Nichols, Joseph, Scott, , MD, MPH**

Mailing Address 2323 Orleans St

City

Baltimore

State  
MD

Zip Code  
21224-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397505**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 32 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nosal, Sarah, Catherine, , MD, FAAFP**

Mailing Address 50 E 168th St

Urban Horizons Family Health Cente

City

Bronx

State

NY

Zip Code

10452-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Institute for Family Health

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3397358**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olden, Carl, Raymond, , MD, FAAFP**

Mailing Address 311 S 72Nd Ave Ste 100

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yakima Valley Memorial Hospital

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2016

**Transaction ID : C3383544**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Orgain, Javette, C, , MD, MPH, F**

Mailing Address Po Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vitas Innovative Hospice

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

**Transaction ID : C3383067**

Amount of Each Receipt this Period

135.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 33 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Padden, Maureen, O, , MD, MPH, F**

Mailing Address PO Box 182126

City  
Coronado

State  
CA

Zip Code  
92178-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : C3383093**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pallay, Arnold, I, , MD, FAAFP**

Mailing Address Co Off Condo's # C-3  
170 CHANGEBRIDGE RD

City  
Montville

State  
NJ

Zip Code  
07045-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Changebridge Medical Associate, PA

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395719**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Peterson, Thomas, C, , MD, FAAFP**

Mailing Address 883 Blakely Rd

City  
Colchester

State  
VT

Zip Code  
05446-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Vermont

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395694**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillips, Kami, S, , MD**

Mailing Address 25 Fieldstone Dr

City  
Gardner

State  
MA

Zip Code  
01440-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

**Transaction ID : C3397496**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Raduege, William, E, , MD**

Mailing Address PO Box 553

City  
Woodruff

State  
WI

Zip Code  
54568-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
William E Raduege, MD, SC (Corporation)

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

**Transaction ID : C3395642**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reeves, Leonard, Daniel, , MD, FAFAP**

Mailing Address 415 E 3rd Ave  
Heritage Hall

City  
Rome

State  
GA

Zip Code  
30161-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GHSU

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

**Transaction ID : C3398273**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reiss, Paul, J., MD, FAAFP**

Mailing Address 28 Park Ave

City  
Williston

State  
VT

Zip Code  
05495-9701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397716**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Righter, Elisabeth, L., MD, FAAFP**

Mailing Address 2261 Philadelphia Dr

City  
Dayton

State  
OH

Zip Code  
45406-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : C3383266**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Righter, Elisabeth, L., MD, FAAFP**

Mailing Address 2261 Philadelphia Dr

City  
Dayton

State  
OH

Zip Code  
45406-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397665**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, Richard, Guy, , MD, JD, FA**

Mailing Address 1121 Bellwest Blvd

City  
Belleville

State  
WI

Zip Code  
53508-9433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397722**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodems, Jeannine, , , MD, FAAFP**

Mailing Address 15 Suncrest Dr

City  
Soquel

State  
CA

Zip Code  
95073-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395707**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Glenn, Sumner, , MD**

Mailing Address 10150 SE 32nd Ave

City  
Milwaukie

State  
OR

Zip Code  
97222-6516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397668**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sadri-Azarbayejani, Flora, F, , DO, FAAFP**

Mailing Address 427 S Mountain Rd

City  
Northfield

State  
MA

Zip Code  
01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clean Slate

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 12 / 2016

**Transaction ID : C3385609**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salisbury, Dennis, F, , MD, FAAFP**

Mailing Address 435 S Crystal St Ste 300

City  
Butte

State  
MT

Zip Code  
59701-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. James Healthcare

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395641**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sams, Sarah, L, , MD, FAAFP**

Mailing Address 2994 Frazell Rd

City  
Hilliard

State  
OH

Zip Code  
43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Health

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 06 / 2016

**Transaction ID : C3383267**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saradarian, Kathleen, Ann, , MD, FAAFP

Mailing Address PO Box 2457

City

Branchville

State

NJ

Zip Code

07826-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Quality Family Practice

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3395721

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saver, Dennis, F, , MD, FAAFP

Mailing Address 1265 36th St  
Ste A

City

Vero Beach

State

FL

Zip Code

32960-6574

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : C3397477

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Savoy, Margot, Latrese, , MD, MPH, C

Mailing Address 1401 Foulk Rd Ste 100B  
Family Medicine Center

City

Wilmington

State

DE

Zip Code

19803-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : C3397685

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1095.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 39 OF 67  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schwartzstein, Alan, I., MD, FAAFP**

Mailing Address 753 N Main St

City  
Oregon

State  
WI

Zip Code  
53575-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dean Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2016

**Transaction ID : C3394424**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sereno, Patricia, Ann, , MD, FAAFP**

Mailing Address 10 Morgan Ave  
7812793710

City

Stoneham

State  
MA

Zip Code  
02180-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hallmark Health

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2016

**Transaction ID : C3385597**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shives, Aaron, Burl, , MD, CMD, F**

Mailing Address 506 1st Ave SE

City

Watertown

State  
SD

Zip Code  
57201-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brown Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

**Transaction ID : C3395800**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 40 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Siy, Linda, Marie, , MD, FAAFP**

Mailing Address 4133 Bilglade Rd

City  
Fort Worth

State  
TX

Zip Code  
76109-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of North Texas Health Scien

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 09 / 2016

**Transaction ID : C3384568**

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Ellen, George, , MD, FAAFP**

Mailing Address 354 Equus Dr

City  
Camp Hill

State  
PA

Zip Code  
17011-8357

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2016

**Transaction ID : C3389690**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Solomon, Gil, Solomon Md Mph, , MD, MPH, F**

Mailing Address 24508 Indian Hill Ln

City  
West Hills

State  
CA

Zip Code  
91307-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Shield of CA

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2016

**Transaction ID : C3387394**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1046.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sparks, Angela, Jeanette, , MD**

Mailing Address 700 Lilly Rd NE

City  
Olympia

State  
WA

Zip Code  
98506-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397717**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Steere, Diane, Marie, , MD**

Mailing Address 936 N Stratford Ln

City  
Wichita

State  
KS

Zip Code  
67206-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : C3389772**

Amount of Each Receipt this Period

40.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Steiner, Elizabeth, Steiner Md, , MD, FAAFP**

Mailing Address 423 NW Skyline Blvd

City  
Portland

State  
OR

Zip Code  
97229-6809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OHSU

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : C3389773**

Amount of Each Receipt this Period

55.55

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stracener, Windel, , MD, FAAFP**

Mailing Address 1333 Hunters Pointe Dr

City  
Richmond

State  
IN

Zip Code  
47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wayne County Health Department

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1845.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : C3383094**

Amount of Each Receipt this Period

218.19

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stream, Glen, R, , MD, FAAFP**

Mailing Address 45280 Seeley Dr

City  
La Quinta

State  
CA

Zip Code  
92253-6834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eisenhower Medical Associates

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : C3383095**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stream, Glen, R, , MD, FAAFP**

Mailing Address 45280 Seeley Dr

City  
La Quinta

State  
CA

Zip Code  
92253-6834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eisenhower Medical Associates

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395758**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

718.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Strothers, Harry, S., MD, FAAFP**

Mailing Address 123 Bradford Dr

City  
Macon

State  
GA

Zip Code  
31210-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Novant Health

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395765**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sugarman, Jonathan, R., MD, MPH, F**

Mailing Address 10700 Meridian Ave N Ste 100

City  
Seattle

State  
WA

Zip Code  
98133-9008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : C3397721**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swee, David, Ethan, , MD, FAAFP**

Mailing Address 675 Hoes Ln W # R-114

City  
Piscataway

State  
NJ

Zip Code  
08854-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 11 / 2016

**Transaction ID : C3385564**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swegler, Erica, Williams, , MD, FFAFP**

Mailing Address 4104 Harcourt Dr

City  
Austin

State  
TX

Zip Code  
78727-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

09 / 16 / 2016

**Transaction ID : C3388326**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swikert, Nancy, , , MD, FFAFP**

Mailing Address 10003 Country Hills Ct

City  
Union

State  
KY

Zip Code  
41091-9774

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395691**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Talati, Raja, , , MD, MSC, F**

Mailing Address 805 Sw Classico Ct

City  
Port Saint Lucie

State  
FL

Zip Code  
34986-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCA

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C3395559**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

495.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, William, J., MD**

Mailing Address 6404 Dry Cliff Cv

City  
Austin

State  
TX

Zip Code  
78731-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corporation

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : C3386431**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Temporal, Michael, P., MD, FAAFP**

Mailing Address 717 Beartooth Cir

City  
Laurel

State  
MT

Zip Code  
59044-9665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Billings Clinic

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

**Transaction ID : C3393439**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tolbert, Gerry, Leo., MD**

Mailing Address 3347 Mary Teal Ln

City  
Burlington

State  
KY

Zip Code  
41005-8031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : C3384569**

Amount of Each Receipt this Period

30.42

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Van Winkle, Lloyd, , MD, FAFAP**

Mailing Address 409 Madrid St  
Po Box 960

City  
Castroville

State  
TX

Zip Code  
78009-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medina Valley Family Practice

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

**Transaction ID : C3383096**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughn, Lindsey, D, , MD, FAFAP**

Mailing Address 1796 Cherry Grove Rd N

City  
Suffolk

State  
VA

Zip Code  
23432-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
09 / 29 / 2016

**Transaction ID : C3397188**

Amount of Each Receipt this Period

315.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vetter, William, Howard, , MD, FAFAP**

Mailing Address 1102 E Locust St

City  
Emmett

State  
ID

Zip Code  
83617-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Walter Knox Memorial Hospital

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

279.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2016

**Transaction ID : C3384309**

Amount of Each Receipt this Period

31.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

396.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wang, Kevin, S., MD, FAAFP

Mailing Address 158C 22nd Ave

City  
SeattleState  
WAZip Code  
98122-6036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swedish Medical CenterOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : C3393450

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Watts, E, Mark, , MD, FAAFP

Mailing Address 2726 Cornwallis Ave SE

City  
RoanokeState  
VAZip Code  
24014-3342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavilion Medical GroupOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3397356

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weida, Jane, A., MD, FAAFP

Mailing Address 9115 Forrestal Dr NE

City  
TuscaloosaState  
ALZip Code  
35406-3412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C3396535

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

965.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wexler, randell, K, , MD, MPH, F**

Mailing Address 6040 Haybury Dr

City  
New Albany

State  
OH

Zip Code  
43054-8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ohio state university

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

**Transaction ID : C3385532**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wherry, Richard, Andre, , MD, FAAFP**

Mailing Address 59 Tipton Dr

City  
Dahlonega

State  
GA

Zip Code  
30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chestatee Regional Hospital

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

**Transaction ID : C3399315**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wherry, Richard, Andre, , MD, FAAFP**

Mailing Address 59 Tipton Dr

City  
Dahlonega

State  
GA

Zip Code  
30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chestatee Regional Hospital

Occupation (for Individual)  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395773**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 67  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Patricia, Mary, , MD, FAAFP**

Mailing Address 110 S 9Th St

City  
Mayfield

State  
KY

Zip Code  
42066-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3395697**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willyard, Kent, E, , MD, FAAFP**

Mailing Address 3 Assembly Ct

City

Newport News

State

VA

Zip Code

23606-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TPMG

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C3397273**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Witte, Patricia, R, , MD**

Mailing Address 1022 Midland St

City

Madison

State

WI

Zip Code

53715-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Group Health Cooperative of South Cent

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : C3386909**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 67  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wood, Julie, , MD, FAFAP**

Mailing Address 11400 Tomahawk Creek Pkwy

City  
Leawood

State  
KS

Zip Code  
66211-2680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Academy of Family Physicians

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2016

**Transaction ID : C3389165**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Yelvington, Dennis, Buford, , MD**

Mailing Address 1609 N Medical Dr

City  
Stuttgart

State  
AR

Zip Code  
72160-3274

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : C3397473**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yu, Kim, K, , MD, FAFAP**

Mailing Address 26030 Island Lake Dr

City  
Novi

State  
MI

Zip Code  
48374-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

611.00

Date of Receipt

09 / 18 / 2016

**Transaction ID : C3389605**

Amount of Each Receipt this Period

41.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1041.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zavala, Jeffrey, S, , MD, FFAFP**

Mailing Address 1233 N 30th St

City  
Billings

State  
MT

Zip Code  
59101-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C3397517**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

39164.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 67  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City  
Leawood

State  
KS

Zip Code  
66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6213.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : C3395076**

Amount of Each Receipt this Period

465.06

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

465.06

465.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : D175482

Amount of Each Disbursement this Period

7.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : D175483

Amount of Each Disbursement this Period

4.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

FEC Identification Number

C

Transaction ID : D176198

Amount of Each Disbursement this Period

1.01

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

12.49

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : D176199

Amount of Each Disbursement this Period

2.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

FEC Identification Number

C

Transaction ID : D176200

Amount of Each Disbursement this Period

6.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

FEC Identification Number

C

Transaction ID : D176201

Amount of Each Disbursement this Period

1.63

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : D176202

Amount of Each Disbursement this Period

14.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : D176203

Amount of Each Disbursement this Period

9.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : D176204

Amount of Each Disbursement this Period

18.60

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

42.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

C

Transaction ID : D176205

Amount of Each Disbursement this Period

2.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Campaign contribution

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : D176206

Amount of Each Disbursement this Period

6.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : D176207

Amount of Each Disbursement this Period

3.16

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12.45



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : D176208

Amount of Each Disbursement this Period

7.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : D176209

Amount of Each Disbursement this Period

19.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank Of America Merchant Services**Mailing Address WA2-505-01-40  
PO Box 2485City  
SpokaneState  
WAZip Code  
99210-2485Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : D175485

Amount of Each Disbursement this Period

308.28

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

335.73

TOTAL This Period (last page this line number only).....▶

414.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR. MATT HEINZ FOR ARIZONA**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

Mailing Address PO Box 57698

City  
TucsonState  
AZZip Code  
85732-7698Purpose of Disbursement  
Campaign contribution

Candidate Name

**Heinz, Matt, , Dr.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District: 02

Category/  
Type

FEC Identification Number

**C** C00582221**Transaction ID : D175989**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PASCRELL FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

Mailing Address P.O. Box 640

City  
TotowaState  
NJZip Code  
07511Purpose of Disbursement  
Campaign contribution

Candidate Name

**Pascrell, Bill, , Rep., Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 08

Category/  
Type

FEC Identification Number

**C** C00313510**Transaction ID : D176003**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BILLY LONG FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

Mailing Address 3246 E RIDGEVIEW ST

City  
SPRINGFIELDState  
MOZip Code  
65804Purpose of Disbursement  
Campaign contribution

Candidate Name

**Long, Billy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO

District: 07

Category/  
Type

FEC Identification Number

**C** C00460063**Transaction ID : D176012**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City  
CLARENCEState  
NYZip Code  
14031Purpose of Disbursement  
Campaign contribution

Candidate Name

Collins, Chris, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00520379

Transaction ID : D176010

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE REICHERT**

Mailing Address PO BOX 2032

City  
ISSAQUAHState  
WAZip Code  
98027Purpose of Disbursement  
Campaign contribution

Candidate Name

Reichert, Dave, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00397737

Transaction ID : D175997

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. Box 61337

City  
DenverState  
COZip Code  
80206Purpose of Disbursement  
Campaign contribution

Candidate Name

DeGette, Diana, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00311639

Transaction ID : D175993

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address 830 NE Holladay, #105

City  
PortlandState  
ORZip Code  
97232Purpose of Disbursement  
Campaign contribution

Candidate Name

Blumenauer, Earl, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 03

Category/  
Type

FEC Identification Number

C C00307314

Transaction ID : D176002

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ENGEL FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address 462 California Road

City  
BronxvilleState  
NYZip Code  
10708Purpose of Disbursement  
Campaign contribution

Candidate Name

Engel, Eliot, L., Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 17

Category/  
Type

FEC Identification Number

C C00236513

Transaction ID : D176015

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ELIZABETH ESTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address PO Box 61

City  
CheshireState  
CTZip Code  
06410-0061Purpose of Disbursement  
Campaign contribution

Candidate Name

Esty, Elizabeth, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 05

Category/  
Type

FEC Identification Number

C C00494203

Transaction ID : D176006

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City  
Eden PrairieState  
MNZip Code  
55344Purpose of Disbursement  
Campaign contribution

Candidate Name

Paulsen, Erik, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00439661

Transaction ID : D176017

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City  
HUNTINGTONState  
WVZip Code  
25711Purpose of Disbursement  
Campaign contribution

Candidate Name

Jenkins, Evan, H., Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00548271

Transaction ID : D175990

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COURTNEY FOR CONGRESS**

Mailing Address PO Box 1372

City  
VernonState  
CTZip Code  
06066-7372Purpose of Disbursement  
Campaign contribution

Candidate Name

Courtney, Joe, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00410233

Transaction ID : D176007

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City  
ATLANTAState  
GAZip Code  
30301Purpose of Disbursement  
Campaign contribution

Candidate Name

**Lewis, John, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00202416**Transaction ID : D175998**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOE KENNEDY FOR CONGRESS**

Mailing Address PO Box 590464

City  
NewtonState  
MAZip Code  
02459-0014Purpose of Disbursement  
Campaign contribution

Candidate Name

**Kennedy, Joseph, P., Rep., III**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00512970**Transaction ID : D175994**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City  
NewburghState  
INZip Code  
47629Purpose of Disbursement  
Campaign contribution

Candidate Name

**Bucshon, Larry, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00468256**Transaction ID : D176009**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LANCE FOR CONGRESS**

Mailing Address PO Box 225

City  
ColoniaState  
NJZip Code  
07067Purpose of Disbursement  
Campaign contribution

Candidate Name

**Lance, Leonard, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00444224**Transaction ID : D176011**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City  
AustinState  
TXZip Code  
78763Purpose of Disbursement  
Campaign contribution

Candidate Name

**Doggett, Lloyd, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00286500**Transaction ID : D175999**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City  
TOPEKAState  
KSZip Code  
66601Purpose of Disbursement  
Campaign contribution

Candidate Name

**Jenkins, Lynn, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00433730**Transaction ID : D176013**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MARK POCAN FOR CONGRESS**

Mailing Address PO BOX 327

City  
MADISONState  
WIZip Code  
53701Purpose of Disbursement  
Campaign contribution

Candidate Name

Pocan, Mark, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00502179

Transaction ID : D176004

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City  
SacramentoState  
CAZip Code  
95841Purpose of Disbursement  
Campaign contribution

Candidate Name

Thompson, Mike, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00326363

Transaction ID : D176001

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City  
CHRISTIANSBURGState  
VAZip Code  
24068Purpose of Disbursement  
Campaign contribution

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00477240

Transaction ID : D175991

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. ROSKAM FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2016

Mailing Address P. O. BOX 713

City  
WHEATONState  
ILZip Code  
60187Purpose of Disbursement  
Campaign contribution

FEC Identification Number

C C00410969

Transaction ID : D176005

Amount of Each Disbursement this Period

2500.00

Candidate Name

Roskam, Peter, , Rep.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2016

Mailing Address 205 5th Avenue South

City  
La CrosseState  
WIZip Code  
54601Purpose of Disbursement  
Campaign contribution

FEC Identification Number

C C00312017

Transaction ID : D175996

Amount of Each Disbursement this Period

2500.00

Candidate Name

Kind, Ron, , Rep.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2016

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220Purpose of Disbursement  
Campaign contribution

FEC Identification Number

C C00441352

Transaction ID : D176000

Amount of Each Disbursement this Period

5000.00

Candidate Name

Stivers, Steve, , Rep.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN ST

City  
INDIANAPOLISState  
INZip Code  
46260Purpose of Disbursement  
Campaign contribution

Candidate Name

**Brooks, Susan, W., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00500207**Transaction ID : D176008**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO Box 1000

City  
Des MoinesState  
IAZip Code  
50304-1000Purpose of Disbursement  
Campaign contribution

Candidate Name

**Grassley, Charles, E., Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00230482**Transaction ID : D176018**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826Purpose of Disbursement  
Campaign contribution

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00344473**Transaction ID : D175992**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BLUE DOG POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Mailing Address 236 Massachusetts Ave NE  
Ste 508City  
WashingtonState  
DCZip Code  
20002-4980Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00305318

Transaction ID : D175995

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VAL DEMINGS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Mailing Address PO Box 536926

City  
OrlandoState  
FLZip Code  
32853-6926Purpose of Disbursement  
Campaign contribution

Candidate Name

Demings, Val, , ,

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General  
☐ Other (specify)

State: FL District: 10

FEC Identification Number

C C00590489

Transaction ID : D175988

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

80500.00